

**COORDINATORS & MEDIATORS  
SHARED NEUTRALS PROGRAM  
FALL CONFERENCE**

**RESTORATIVE JUSTICE  
JUDGE DIANE TOWNSEND-ANDERSON**

**CLAIRE HARRIS  
VICTIM OFFENDER MEDIATION  
ASSOCIATION**

**PAM SAUNDERS  
MEDIATION PROCESS**

**TWO MOCK MEDIATION SESSIONS FOR  
MEDIATION PRACTICE**

**October 15, 2003**

**8:00 AM to 4:00 PM**

**Conference Center  
Room G-110**

**Sponsored by the Shared Neutrals Council of the  
Federal Executive Board of Minnesota**

**BISHOP HENRY WHIPPLE FEDERAL BUILDING  
1 FEDERAL DRIVE  
FORT SNELLING, MN. 55111  
612-713-7200  
[www.minnesota.feb.gov](http://www.minnesota.feb.gov)**



**Please arrive early enough to allow time for parking  
and have identification for security**





## Federal Executive Board of Minnesota

Suite 510, 1 Federal Drive, Saint Paul, Minnesota 55111-4008

Phone (612) 713-7200

email: [FEB\\_Minnesota@os.doi.gov](mailto:FEB_Minnesota@os.doi.gov)

Facsimile (612) 713-7203

website: [www.minnesota.feb.gov](http://www.minnesota.feb.gov)

### Registration

#### Mediators' Fall Conference

Sponsored by Shared Neutral Council of the Federal Executive Board

Conference Center BHW Federal Building Ground Floor

October 15, 2003

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City/Zip code: \_\_\_\_\_

**Cost \$20.00 per person Prepayment required**

Names: \_\_\_\_\_  
\_\_\_\_\_

Payment Method: Check \_\_\_\_\_ (enclosed)      Credit Card \_\_\_\_\_

Type of Card ( Visa or MasterCard only) \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration \_\_\_\_\_

Name of Credit Card User (as it appears on card):  
\_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Signature of Authorizing Person: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax to: Federal Executive Board of Minnesota

BHW Federal Building, Suite 510

1 Federal Drive, St. Paul, MN 55111

Fax: 612.713.7203

Chair  
Diane Langer

First Vice Chair  
Steven Kleinglass

Second Vice Chair  
Craig Edwards

Executive Director  
Raymond Morris

Staff Assistant  
Margaret Geisler





# Federal Executive Board *of Minnesota*

Suite 510 Bishop Henry Whipple Federal Building, 1 Federal Drive  
Saint Paul, Minnesota 55111-4008  
(612) 713-7203

(612) 713-7200 FAX

## Credit Card Order Form

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City and Zip code: \_\_\_\_\_

Agency Order Reference Number (If applicable) \_\_\_\_\_

Name of Credit Card User (as it appears on card): \_\_\_\_\_

Card (Visa, MasterCard, etc.) \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone number if you prefer to be called: \_\_\_\_\_

Item (s) or Event Ordered: \_\_\_\_\_

Date: If appropriate \_\_\_\_\_

Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Signature of Authorizing Person: \_\_\_\_\_ Date: \_\_\_\_\_